



**EMERGENCY MEDICAL  
SERVICES AGENCY**  
LOS ANGELES COUNTY

Los Angeles County EMS Agency  
Attn: AED Program Coordinator  
10100 Pioneer Blvd, Suite 200  
Santa Fe Springs, CA 90670  
Tel: (562) 347-1500 Fax: (562) 941-5835  
email: [aedprograms@dhs.lacounty.gov](mailto:aedprograms@dhs.lacounty.gov)

**Public Access Defibrillation Program  
Notification Form**

Company Name		Type of Business	
Site Address	City	Zip Code	
Program Coordinator/Contact Person		Title	
Phone	Fax	Email	
AED Manufacturer _____		Model _____	
Is your AED equipped for pediatric use? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Number of AEDs	Date AED(s) placed into service	
Location(s) of AED (use Multiple AED Site Form if > 4 locations)			

**Requirements for acquiring and placing a public access AED are located in Section 1797.196 of the California Health and Safety Code and 1714.21 of the Civil Code**

**Completed by: \_\_\_\_\_ Date: \_\_\_\_\_**